| | | • | | A | | |
|---|--|-----------------------|---------------------|--------------------|-----------------|---------------------------|
| PATENT APPLICATION FEE DETERMINATION RECORD | | | | Applicati | on or Dock | cet Number |
| Effective January 1, 2003 CLAIMS AS FILED - PART I | | | | 10/ | 593 | 3626 |
| | (Column 1) | (Column 2) | SMALL | ENTITY | | THED THE |
| TOTAL CLAIMS | | (Column 2) | TYPE | | OR SI | OTHER THAN MALL ENTITY |
| FOR | NUMBER FILED | NUMBER EXTRA | RATE | | — | ATE FEE |
| TOTAL CHARGEABLE CLAIMS | | | BASIC F | EE 375.00 | ORBAS | IC FEE 750.00 |
| INDEPENDENT CLAIMS | $\frac{3}{2}$ minus $20=$ | 0. | X\$ 9= | | OR XS | 18= 0 |
| MULTIPLE DEPENDENT CLAIM PR | RESENT | <u> </u> | X42= | | OR X8 | 34= 2 |
| * If the difference in column 1 is I | ess than zero, enter "0 | N" in only o | +140= | | OFI +28 | |
| CI AIRIO A D | MENDED - PART I | · in column 2 | TOTAL | L _ | OR TOT | - A |
| (Column 1) | (Column | | CHALL | | ОТ: | HER THAN |
| CLAIMS REMAINING | HIGHES | | SMALL | | OR SMA | LL ENTITY |
| AFTER AMENDMENT | NUMBER PREVIOUS | LY EXTRA | PATE | ADDI- TIONAL | DAT | ADDI- |
| Total X | PAID FOR | | 1 | FEE | RAT | E TIONAL FEE |
| Independent . 7 | linus | = 0 | X\$ 9= | | OR X\$18 | |
| FIRST PRESENTATION OF MUL | TIPLE DEPENDENT CL | AIM | X42= | | OR X84 | = 0 |
| 4 | | | +140= | | OR +280 | |
| (Column 1) | | | TOTAL ADDIT, FEE | | OR TOT | AI 0 |
| CLAIMS | (Column 2) | (Column 3) | h | | ADDIT. F | EE |
| REMAINING AFTER | NUMBER PREVIOUSLY | PRESENT | | ADDI- | | ADDI- |
| AMENDMENT O Total | PAID FOR | EXTRA | RATE I | IONAL FEE | RATE | TIONAL |
| Total Mir Independent Mir | 110 | · = | X\$ 9= | O | R X\$18= | FEE |
| FIRST PRESENTATION OF MULTIP | PLE DEPENDENT CLAIM |]= | X42= | OF | | + |
| | | | +140= | | ·} | + |
| | | | TOTAL | OF | | |
| (Column 1) CLAIMS | (Column 2) | (Column 3) | ADDIT FEE | OR | ADDIT. FEE | |
| | HIGHEST NUMBER | | | 20. | | |
| WEMAINING AFTER AMENDMENT Total Minus Independent Minus | PREVIOUSLY PAID FOR | PRESENT EXTRA | | ODI- ONAL | RATE | ADDI- |
| ON Total Minus | | = | | EE | TATE | TIONAL FEE |
| Independent . Minus | Ada" | | X\$ 9= | OR | X\$18= | |
| FIRST PRESENTATION OF MULTIPL | E DEPENDENT CLAIM | | X42= | OR | X84= | |
| * If the enterm | | | +140= | | 1330 | |
| "If the "Highest Number Previously Paid For" I "Highest Number Previously Paid For" I The "Highest Number Previously Paid For" (T | N THIS SPACE is less than | mn 3. 20, enter *20.* | | OR | +280≖ TOTAL | |
| . Teviousiy Paid For (T | in THIS SPACE is less than otal or Independent) is the h | 3, enter 3. A | OOIT, FEE | —J ^{OR} A | DDIT. FEE | |
| ORM PTO-875 (Rov. 12/02) U.S. Government | Printing Office: 2003—490.464 cmax | | ar use appropria | te box in colu | ரா ภ 1 . | |